STATE OF MONTANA OFFICE OF THE STATE PUBLIC DEFENDER

MISCELLANEOUS CLAIM FOR SERVICES APPELLATE CASES

Name of Claimant		Vendor ID #			
Service Provided:					
☐ Expert Witness			☐ Investigator		
	Transcripts/Deposition	ns	☐ Interpreter		
	Mental Health Evalua	tion	☐ Polygraph/DNA Testing		
	Chemical Dependency Evaluation				-
	Psychosexual Evaluation				
	Other (MUST Specify)				
approval notice for ar summary forms must direct you to the appr voucher form by case the month following to Defender, P.O. Box	ny pre-approved costs t be prepared for non- copriate form. All travel e number and attached the month in which cost 200147, Helena MT 5	pent, rate of pay, and a conflict and appellate call expenses reported on the this claim form. Clasts were incurred. Subrese mace.	re assigned by the ases. The attorned this claim are to aimant must subremit this claim to	ne Regional Office by requesting your be detailed on a tr mit a monthly clain the Office of the	Separate services can avel expense by the 10th of Appellate
Month of Service					
Client Name	OPD-Assigned Case ID #	Attorney's Name	Total Fees	Total Costs (including Travel)	Total Fees & Costs
TOTALS		-	-	_	-
		cases listed, expenses c		·	
Claimant's Signature/Date of Submission			Appellate Defender's Approval/Date of Approval		

Signatures above certify that all costs in excess of \$200 have been pre-approved.